

# Hamilton Creek

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## APARTMENTS

Thank you for choosing Hamilton Creek Apartments

**1) In person**

Office Hours  
Monday-Friday 9am-6pm

**2) Fax**

(614) 492-8113

**3) Email**

Hamilton-Creek@sbcglobal.net

# Hamilton Creek



## APARTMENTS

- A FORM OF STATE/GOVERNMENT ISSUED ID (18 AND OVER)**  
(Driver's License, State ID, Military ID, Passport, or Permanent Resident Card)
- PROOF OF INCOME**  
(Most recent paystubs (2 bi-weekly/4 weekly). *New employment may be required to bring a letter on company letterhead stating your salary and hours.*)
- SOCIAL SECURITY DOCUMENTATION**  
(Social Security Cards or Certified Document from the Social Security Administration)
- APPLICATION FEE**  
(Fee is \$50 per adult member. Money Orders Only)
- RENTAL HISTORY**  
(Provide current landlord name, address, and phone number. Sign all Landlord Verification Sheets)
- CREDIT REFERENCE**  
(Provide 2 Credit References and 2 Personal References)

***\*Please be sure to fill out this application entirely. Leaving blank spaces may delay the timely processing of your application.***

Applicant Email Address: \_\_\_\_\_

# HAMILTON CREEK RENTAL APPLICATION



Applicant

Co-Applicant

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Other names by which you have been known \_\_\_\_\_

Other names by which you have been known \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Current Address \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Alien Registration # \_\_\_\_\_

Alien Registration # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Widowed \_\_\_\_\_ Separated \_\_\_\_\_

Apartment size desired: One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_ House \_\_\_\_\_

Children's Full Names	Date of Birth	Age	Sex	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## EMPLOYMENT HISTORY

Applicant

Co-Applicant

**Current Employer** \_\_\_\_\_

**Current Employer** \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

How Long? \_\_\_\_\_ Gross Weekly Income \$ \_\_\_\_\_

How Long? \_\_\_\_\_ Gross Weekly Income \$ \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

How Long? \_\_\_\_\_ Job Title \_\_\_\_\_

How Long? \_\_\_\_\_ Job Title \_\_\_\_\_

## OTHER SOURCES OF INCOME & AMOUNTS

Social Security \$ \_\_\_\_\_

Supplemental Security Income \$ \_\_\_\_\_

Retirement/Pensions \$ \_\_\_\_\_

Investment Income \$ \_\_\_\_\_

Child Support Award \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

(OVER)

**MOST RECENT RENTAL ADDRESS** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month/Year of Move In \_\_\_\_\_ Rent \$ \_\_\_\_\_ **Is your rent past due?** \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Average cost of utilities: Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ **Is your bill past due?** \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Person's name used by Gas & Electric companies for billing: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Are you under **EVICTION?** \_\_\_\_\_ Reason for **EVICTION:** \_\_\_\_\_

Landlord \_\_\_\_\_ Telephone # of Landlord: \_\_\_\_\_

**PREVIOUS RENTAL ADDRESS** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month/Year of Move In \_\_\_\_\_ Month/Year of Move Out \_\_\_\_\_ Rent \$ \_\_\_\_\_

Average cost of utilities: Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ **Was your bill past due?** \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Person's name used by Gas & Electric companies for billing: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Were you under **EVICTION?** \_\_\_\_\_ Reason for **EVICTION:** \_\_\_\_\_

Landlord \_\_\_\_\_ Telephone # of Landlord: \_\_\_\_\_

**DO YOU OWE ANY PREVIOUS LANDLORD ANY MONEY?** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Please explain: \_\_\_\_\_

**HAVE YOU EVER BEEN EVICTED?** \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

**CREDIT REFERENCES** (If no credit references, give two unrelated personal references)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

**HAVE YOU EVER DECLARED ANY FORM OF PERSONAL BANKRUPTCY?** \_\_\_\_\_ If so, year \_\_\_\_\_

Reason \_\_\_\_\_

**PERSONAL REFERENCES**

(Related)

(Not Related)

Name \_\_\_\_\_ Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ How long known? \_\_\_\_\_ How long known? \_\_\_\_\_

**AUTOMOBILE INFORMATION**

Make \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ License # \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

**DO YOU HAVE ANY PETS?** \_\_\_\_\_ **DO YOU HAVE A WATERBED?** \_\_\_\_\_

Type of Pet \_\_\_\_\_ **PLEASE NOTE: YOU MUST HAVE INSURANCE!!**

**IN CASE OF EMERGENCY PLEASE CONTACT:** \_\_\_\_\_ Telephone # \_\_\_\_\_

**Has any member of your household engaged in the illegal use of drugs? If yes, explain.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Has any member of your household ever been convicted of illegal possession, manufacture, or distribution of illegal drugs or convicted of a criminal sexual offense? If yes, explain.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Has any member of your household ever been convicted of any crime other than a minor traffic violation? If yes, explain.** Yes \_\_\_\_\_ No \_\_\_\_\_

I/We hereby certify that the foregoing is true and correct to the best of our knowledge and belief, and I/We hereby authorize Showe Management Corporation to make inquiries to verify any of the statements herein and to check my/our credit. I/We understand that falsification of any information requested may result in the rejection of the application. By signing this application, I/we authorize Showe Management Corporation to use any credit reporting/screening agency to verify my/our credit history and to validate the accuracy of all information reported in this application. Further, my/our signature(s) below authorizes Showe Management Corporation and any credit reporting/screening agency to exchange credit information and access my/our credit report during the term of my/our lease and any time after lease termination in the event of a default of any obligation of the lease.

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_ Interviewed by: \_\_\_\_\_

# Hamilton Creek

## APARTMENTS

### Rental Criteria

1. Applicants must be of legal age.
2. Management requires a valid state ID (i.e. license, identification card)
3. Only one (1) pet allowed: cat or dog (weight limits & fees apply)  
Pet information must be supplied during application process.
4. All applicants will be evaluated based on credit history, gross monthly income, police report, and rental history.
5. Applicants must meet our minimum income requirements.
6. All applicants must show proof of monthly income.
7. Any false information made on an application will result in denial of the application.
8. A deposit is required to hold an apartment for a length not to exceed two (2) weeks.  
The deposit is non-refundable if the applicant should change his/her mind and not move in to the apartment. If the applicant is denied due to the screening process, the deposit will be returned to the applicant.
9. Hamilton Creek Apartments is an **EQUAL OPPORTUNITY HOUSING PROVIDER.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# RENTAL APPLICATION ADDENDUM

PLEASE NOTE:

By signing this addendum, you are authorizing your landlord/ management agent to use any credit reporting/ screening agency to verify your credit history and to validate the accuracy of all information reported in your application. Further, your signature below authorizes your landlord/ management agent and any credit reporting/ screening agency to exchange credit information and access your credit report during the term of your lease and anytime after lease termination in the event of a default of any obligation of your lease.

_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date
_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date
_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date





Service is our *Signature*.  
CREDIT REPORTING – COLLECTIONS

## Rental Consent Agreement

The undersigned does hereby consent that all of the information stated on the application may be verified and processed through FABCO, PO Box 20850 Columbus, OH 43220. This may include but not limited to a rental, credit and/or criminal history report. I also authorize current and previous landlords and employers to release to FABCO any information relating to my/our rental and employment history. I hereby release all parties from any liability in connection with the provision and use of such information.

In signing this application, I/we certify all information is true and accurate to the best of my/our knowledge. If there are any misrepresentations, falsifications, or omissions discovered, it will constitute grounds for denial and forfeiture of any application fees. I also agree that all information pertaining to my/our rental history can be released for future reference verification.

Have you ever had an eviction action filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently in or have ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with a misdemeanor or felony in any state except for minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

As an applicant, you have the right to make a written request within a reasonable amount of time after receipt of this disclosure, to receive additional information about the nature and scope of this investigation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## APPLICATION FEE ACKNOWLEDGEMENT

I, \_\_\_\_\_, hereby acknowledge that the \$\_\_\_\_\_ application fee paid to \_\_\_\_\_ Apartments is non-refundable. The application fee is used to offset management expenses of processing the rental application. These expenses include obtaining the credit report, criminal record check and other fees in order to process the application. If my application is approved, I understand that the \$\_\_\_\_\_ fee will **not** be applied to my security deposit, nor will it be applied to rent due.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date





Community \_\_\_\_\_

Employee \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security# \_\_\_\_\_

Telephone # \_\_\_\_\_

### EMPLOYMENT AND INCOME VERIFICATION

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear Employer:

The person named above is a resident/applicant for an apartment at the above captioned community. The information requested below is for the purpose of determining eligibility and will be kept in STRICT CONFIDENCE. Thank you for your cooperation in this matter. A self-addressed postage paid envelope is enclosed for your convenience.

We would appreciate your prompt return of this notice for the benefit of your employee.

Sincerely,

Community Manager

1. Date of hire \_\_\_\_\_
2. Occupation \_\_\_\_\_
3. Present rate of pay per hour \$ \_\_\_\_\_ or day \$ \_\_\_\_\_ or week \$ \_\_\_\_\_ or month \$ \_\_\_\_\_
4. Average regular hours worked per week \_\_\_\_\_
5. Average overtime: (a) hours worked per week \_\_\_\_\_ (b) rate per overtime hour \$ \_\_\_\_\_
6. Other (tips, meals), if any, estimated amount \$ \_\_\_\_\_ per week.
7. Date of termination \_\_\_\_\_ Reason for termination \_\_\_\_\_
8. Date of layoff \_\_\_\_\_ Expected term of layoff \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone # \_\_\_\_\_

Title \_\_\_\_\_

Firm \_\_\_\_\_

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Additionally, it is understood that I have the option not to sign the consent form if it does not clearly indicate who will provide the information and who will receive the information.

Resident/Applicant \_\_\_\_\_

Date \_\_\_\_\_



If possible, please return completed form via fax to: \_\_\_\_\_

# Hamilton Creek APARTMENTS

## Pet Questionnaire

Date: \_\_\_\_\_

Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Breed of Dog or Cat: \_\_\_\_\_

Age: \_\_\_\_\_

Color of Dog or Cat: \_\_\_\_\_

Weight: \_\_\_\_\_

Has the dog / cat ever destroyed any property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is dog house broken? Yes \_\_\_\_\_ No \_\_\_\_\_

Is cat litter box trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Has it ever been aggressive? Yes \_\_\_\_\_ No \_\_\_\_\_

Has it ever bit anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

Does it growl at people / jump on them? Yes \_\_\_\_\_ No \_\_\_\_\_

Kept in the house when not at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Kept in a cage in the house when not at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Dogs must be taken to the back to do their business, and it must be cleaned up immediately.  
Cat debris must be bagged and placed inside dumpsters on a regular basis.

There is an additional (non-refundable) pet fee of \$300.00 and a \$25.00 per month pet rent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Hamilton Creek

## APARTMENTS

### SATELLITE DISH CRITERIA

Under a Federal Communications Commission (FCC) order, you as our resident have a right to install a transmitting or receiving satellite dish or antenna on the leased premises, subject to FCC limitations. We as a rental-housing owner are allowed to impose reasonable restrictions relating to such installation. You are required to comply with these restrictions as a condition of installing such equipment. In order to obtain a satellite dish you must agree to offer proof of insurance \$500,000.00 - \$1,000,000.00 which is the amount reasonably determined by us to accomplish that purpose. You must sign the satellite dish addendum, which contains the restrictions that you and we agree to and pay the additional \$300 deposit necessary to have a satellite dish.

Do you currently have satellite dish service? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you planning on obtaining satellite dish service here? Yes \_\_\_\_\_ No \_\_\_\_\_

**By signing this form you understand what is needed to obtain satellite dish service and agree to comply with all provisions prior to installing the satellite dish.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# HAMILTON CREEK APARTMENTS

14 OAK ROAD, COLUMBUS, OHIO 43215 Ph (614) 492-8111 Fax (614) 492-8113

## LANDLORD REFERENCE

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

LANDLORD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

\_\_\_\_\_  
Signature of Applicant Date Signature of Co-Applicant Date

\*\*\*\*\*

Current/Previous Landlord: Are you related to applicant? \_\_\_\_\_ #of persons living in unit \_\_\_ Adults \_\_\_ Children

Date of Applicant's Residence: From \_\_\_\_\_ To \_\_\_\_\_

Is/Was Applicant current on rent? \_\_\_\_\_ Amount of Rent? \_\_\_\_\_ Current Balance owed? \_\_\_\_\_

Any utilities included in rent? \_\_\_\_\_ If yes, what is included? \_\_\_\_\_ Ever disconnected? \_\_\_\_\_

Has the Applicant ever been late/NSF checks? \_\_\_\_\_ How late? \_\_\_\_\_ How often? \_\_\_\_\_

Does/Did the applicant keep the apartment clean? \_\_\_\_\_ Does/did Applicant have bed bugs? \_\_\_\_\_

Has the Applicant damaged the unit? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_ Has the Applicant paid for damages? \_\_\_\_\_

Do you know of any criminal activity with them? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does/did the Applicant have any pets? \_\_\_\_\_

Will you / did you keep any of the security deposit? \_\_\_\_\_

Does/Did the applicant permit people other than those on the lease to live in the unit? \_\_\_\_\_

Has the Applicant, family members, or visitors damaged or vandalized the grounds, halls, parking areas, or other common areas? \_\_\_\_\_

Does/Did the applicant interfere with the rights and quiet environment of other residents? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has/Did the Applicant given any false information? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

If currently under a lease, will the Applicant be held to that lease? \_\_\_\_\_ Is notice required? \_\_\_\_\_

If so, how many days? \_\_\_\_\_ Was notice given prior to vacating? \_\_\_\_\_ Date given? \_\_\_\_\_

Would you rent to this Applicant again? \_\_\_\_\_ If not, why? \_\_\_\_\_

Currently under eviction? \_\_\_\_\_ Previously under eviction? \_\_\_\_\_

Any other comments about this Applicant? \_\_\_\_\_

Signature of Landlord's Agent: \_\_\_\_\_

Name of Landlord's Agent (please print): \_\_\_\_\_

Name of Apartment Community: \_\_\_\_\_

Date: \_\_\_\_\_

# HAMILTON CREEK APARTMENTS

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If so, how many days? \_\_\_\_\_ Was notice given prior to vacating? \_\_\_\_\_ Date given? \_\_\_\_\_

Would you rent to this Applicant again? \_\_\_\_\_ If not, why? \_\_\_\_\_

Currently under eviction? \_\_\_\_\_ Previously under eviction? \_\_\_\_\_

Any other comments about this Applicant? \_\_\_\_\_

Signature of Landlord's Agent: \_\_\_\_\_

Name of Landlord's Agent (please print): \_\_\_\_\_

Name of Apartment Community: \_\_\_\_\_

Date: \_\_\_\_\_

# HAMILTON CREEK APARTMENTS

14 OAK ROAD, COLUMBUS, OHIO 43215 Ph (614) 492-8111 Fax (614) 492-8113

## LANDLORD REFERENCE

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

LANDLORD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

\_\_\_\_\_  
Signature of Applicant Date Signature of Co-Applicant Date

\*\*\*\*\*

Current/Previous Landlord: Are you related to applicant? \_\_\_\_\_ #of persons living in unit \_\_\_ Adults \_\_\_ Children

Date of Applicant's Residence: From \_\_\_\_\_ To \_\_\_\_\_

Is/Was Applicant current on rent? \_\_\_\_\_ Amount of Rent? \_\_\_\_\_ Current Balance owed? \_\_\_\_\_

Any utilities included in rent? \_\_\_\_\_ If yes, what is included? \_\_\_\_\_ Ever disconnected? \_\_\_\_\_

Has the Applicant ever been late/NSF checks? \_\_\_\_\_ How late? \_\_\_\_\_ How often? \_\_\_\_\_

Does/Did the applicant keep the apartment clean? \_\_\_\_\_ Does/did Applicant have bed bugs? \_\_\_\_\_

Has the Applicant damaged the unit? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_ Has the Applicant paid for damages? \_\_\_\_\_

Do you know of any criminal activity with them? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does/did the Applicant have any pets? \_\_\_\_\_

Will you / did you keep any of the security deposit? \_\_\_\_\_

Does/Did the applicant permit people other than those on the lease to live in the unit? \_\_\_\_\_

Has the Applicant, family members, or visitors damaged or vandalized the grounds, halls, parking areas, or other common areas? \_\_\_\_\_

Does/Did the applicant interfere with the rights and quiet environment of other residents? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Has/Did the Applicant given any false information? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

If currently under a lease, will the Applicant be held to that lease? \_\_\_\_\_ Is notice required? \_\_\_\_\_

If so, how many days? \_\_\_\_\_ Was notice given prior to vacating? \_\_\_\_\_ Date given? \_\_\_\_\_

Would you rent to this Applicant again? \_\_\_\_\_ If not, why? \_\_\_\_\_

Currently under eviction? \_\_\_\_\_ Previously under eviction? \_\_\_\_\_

Any other comments about this Applicant? \_\_\_\_\_

Signature of Landlord's Agent: \_\_\_\_\_

Name of Landlord's Agent (please print): \_\_\_\_\_

Name of Apartment Community: \_\_\_\_\_

Date: \_\_\_\_\_